

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2374

Registration District No. 237

Primary Registration District No. 4144

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Center Township
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Many years
years, months or days

8. (a) PRINT FULL NAME London Thompson Hunt
8. (b) If veteran, _____ 8. (c) Social Security No. ✓
name war _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rachel Hunt 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Sept. 10, 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace Edmonton Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Isaac King Hunt
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Redigo
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katie Hunt
(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof Jan. 4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cem.

18. (a) Signature of funeral director J. W. Ward
(b) Address Greenfield Mo.

19. (a) Jan. 7-1941 (b) Geo. L. Weir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Greenfield Mo. Center Township
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1941 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from Dec 15-40
_____, 19____, to 1-4, 1941;
that I last saw him alive on 1-3-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death ptyle-nephritis
pr. obstructions

Due to _____

Due to _____

Other conditions 1070
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo L. Weir (M. D. or other) D
Address _____ Date signed 1-5-41

RECEIVED

District Health Officer No. 6

District

Date Filed

241-327

FEB 17 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

G. W. Ward

Licensed Embalmer No. *2832*

P. O. Address

Greenfield, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.